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THE MEDICAL NEWS

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FOX ON DISEASES OF THE STOMACH . . . . . 16 PAGES.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The American Public Health Association.—This most useful and active association held its annual meeting this year in Philadelphia, Nov. 10, in the Hall of the College of Physicians, Dr. STEPHEN SMITH, the President, occupying the chair. The session was opened by an excellent address by the presiding officer, in which he gave an encouraging account of the progress of the society, though the organization of sanitary associations in this country has not been, he said, very satisfactory.

Dr. HENRY HARTSHORNE, of Philadelphia, followed, with a paper on "Infantile Mortality in Cities," and pointed to some of the causes of this mortality. He claimed for Philadelphia the distinction of being one of the most healthy of cities, owing to the plan of its construction, the number and character of its commodious homes. He adverted to the importance of pure air, and pointed out the errors made in the feeding of infants.

Dr. J. R. BLACK, of Ohio, read a paper "On the Influence of Hereditary Defects upon the Public Health, with Suggestions for their Prevention and Eradication."

Dr. E. H. JANES, of New York, sent a paper, which was read by the Secretary, on "The Health of Tenement Populations and the Sanitary Requirements of their Dwellings," in which he pointed out the main causes of sickness to be, foul air, want of ventilation, proximity to cesspools, etc. etc.

During the *afternoon* session Dr. H. B. BAKER, Secretary of the State Board of Health of Michigan, read a paper on "the Death-rate of each Sex in that State in comparison with Dr. Farr's Life Tables of the Healthy Districts of England."

Dr. J. S. BILLINGS, U. S. A., read a paper "On Hospital Location and Construction;" Dr. WM. PEPPER, of Philadelphia, one on "The Sanitary Relations

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of Hospitals;" Mr. CARL PFEIFFER one "On Hospital Architecture and the Perfect Ventilation of Hospital Wards;" and Prof. JOHN L. LE CONTE one "On the Organization of Municipal Boards of Health."

During the *evening* session addresses were delivered by the Rev. SAMUEL OSGOOD, of New York, "On the Relations of Health to the Higher Culture;" and by Prof. S. D. GROSS, of Philadelphia, on the "Factors of Disease and Death after Injuries, Parturition, and Surgical Operations."

Nov. 11. At the *morning* session a paper was read by Dr. EZRA M. HUNT, President of the Sanitary Commission of New Jerssy, "On Building Ground in its Relations to Health and Disease," in which he pointed out the imperfect systems of drainage "resulting in the saturation of the soil with sewage."

Dr. I. RAY, of Philadelphia, spoke of the imperfect construction of the sewers in Philadelphia, which allowed their liquid contents to percolate into the soil, and might account for a great deal of our mortality.

Dr. S. C. BUSEY, of Washington, read a paper "On the Transportation and Sale of Fresh Fruits and of Vegetables."

At the *afternoon* session Dr. E. HARRIS, of New York, presented a report upon "The Sanitary Government, Vital Statistics, and Methods of Public Health administered in the Cities and large Towns of North America."

Dr. J. M. TONER, of Washington, D. C., read a paper "On Some Conditions and Accidents which Endanger, Limit, or Prevent Vaccination from giving Full Protection against Smallpox," in which he expressed the opinion that much of the failure was owing to the too sparing use of vaccine lymph by the operator.

Dr. SNOW, of Providence, then read a paper in which he discussed the question "Does Smallpox become Epidemic, or is it Spread by its own Contagious Property?" He advocated the latter view.

Dr. KIRKBRIDE made a few remarks upon the proper construction of hospitals. He did not favour the very prevalent idea that temporary structures were most desirable. He believed the best buildings, best heating apparatus, best system of ventilation, and best superintendence that could be secured, were cheapest and most successful in the end.

Dr. J. M. WOODWORTH read a paper upon "Hospital Construction," in which he advocated the pavilion plan with large wards. Dr. ASHHURST, of Philadelphia, in some remarks, supported Dr. Kirkbride's views. He preferred the construction of permanent buildings, the administration of such being much easier and more economical, while one-story wards were impracticable in large cities.

Dr. C. F. RODENSTEIN, of New York, read some notes on the causation of scarlatina.

Dr. BENJAMIN C. MILLER, Sanitary Superintendent, Chicago, read extracts from a report upon the methods of treatment of gases from rendering tanks, and the disposal of tank offal, illustrating his subject by drawings.

The Secretary read a portion of a paper prepared by Dr. HARVEY E. BROWN, on "The Yellow Fever on the Dry Tortugas."

At the *evening* session Gen. E. L. VIELE, Civil Engineer, of New York, read a paper "On the Principles and Practice of Drainage and Sewerage in Connection with Water Supplies." He pointed out the marked distinction between drainage and sewerage. In building a city the streets should be laid out in conformity to the topography of the country, and the drainage should be made to flow in the same channels which nature had provided. Any other course was fraught with great danger to the public health.

The problem what to do with the great amount of sewage matter was still unsolved. The subject was but little understood. Putrescent matter was allowed to fill up basins and infect whole neighbourhoods by its noxious exhalations.

Prof. EDWARD ORTON, President of the Ohio Agricultural College, followed in a paper on "Certain Relations of Geology to the Water Supplies of the Country," in which he showed how wells in the city, and often in the country, are contaminated and made unfit for human use.

Nov. 12. The *morning* session was

opened by the presentation by Dr. BAKER, of Detroit, of a book of samples of wall papers containing dangerous quantities of arsenic.

Dr. STEPHEN SMITH, of New York, read a paper upon "The Reciprocal Relations of the Public Health Service and the highest Qualifications of the Medical Profession."

Dr. FREDERICK R. STURGIS, of New York, read a paper upon "The Relations of Syphilis to the Public Health." The conclusions which he has arrived at, after extensive investigation, are that the disease is wide-spread and possibly increasing; that it is rarely fatal when acquired, but that there is an excessive mortality in congenital cases, the disease not being transmitted to any great extent to the third generation.

Dr. GEO. M. BEARD, of New York, read a paper on "Hay Fever."

A paper was read by Dr. JOHN C. PETERS, of New York, "On the Stealthy Introduction and spread of Infectious Diseases in large Cities;" and one by Dr. A. M. HAMILTON, of the same city, "On Suicide," was presented but not read.

Afternoon session. The first paper read was upon "The Influence of High Altitudes and Climate in the Table-land of the Rocky Mountain Country upon Health and Diseases," by Dr. B. E. FRYER, U.S.A. From the experience of the writer, and the statistics of the medical bureau of the army, it appears that zymotic diseases are so rare in these regions as to be almost unknown; pneumonia and other pulmonary diseases, however, are not uncommon.

Dr. J. S. BILLINGS, U. S. A., followed with some extracts from special reports by army officers, in confirmation of the statements made in Dr. Fryer's paper.

Dr. A. N. BELL, of Brooklyn, read a paper "On Certain Perils of the School-room which demand the Attention of Educational and Sanitary Authorities." Light, Air, and Temperature in sufficient quantity and purity were requisites which School-houses as at present constructed did not possess.

He had visited one of the Philadelphia night schools, and found the atmosphere very repulsive. On visiting the cellar, the smell was disgusting, and that portion of the building seemed never to have been cleaned since the floors were laid. Every pupil and teacher in this school was exposed to disease from this source. The depressing effect of impure air upon the children renders them more susceptible to climatic changes, and more likely to become infected with contagious diseases. The great increase of such diseases immediately after the opening of the public schools was too marked to escape the attention of practitioners.

Dr. D. F. LINCOLN, of Boston, Secretary of the Department of Health of the Social Science Association, presented a statement of a plan for examining into the state of the health of schools which the department is now engaged in carrying out. The subject of school hygienics has been subdivided into thirteen topics, upon each of which a special report will be made.

At the *evening* session an address was delivered by Hon. DORMAN B. EATON, of Washington, on the subject of "Health Laws, and the Interests and Obligations of the State and National Governments pertaining to them.

A paper was then read by Dr. L. H. STEINER, of Maryland, "On Health a Prerequisite of National Success in Peace and War."

Nov. 13. A large number of candidates for membership were elected; and Baltimore was selected for the next place of meeting.

Committees were appointed to investigate and report upon the question to what extent poisons are used in an unsafe manner for agricultural and other purposes, and to recommend suitable regulations and restrictions in regard to the same. Also to prepare schedules for the purpose of collecting information in regard to the present condition of public hygiene in the larger towns and cities of the United States.

The annual election of officers was held, and the following chosen:—

President—Joseph M. Toner, M D., Washington, D. C.

First Vice-President—Edwin M. Snow, M.D., Rhode Island.

Second Vice-President—Prof. Henry Hartshorne, M.D., Philadelphia.

Treasurer—John H. Rauch, M.D., Chicago.

Executive Committee—J. S. Billings, M.D., United States Army, of Washington; Moreau Morris, M D., New York city; Stephen Smith, M.D., New York city; J. J. Woodward, M.D., United States Army, Washington; J. S. Steuart, M.D., of Baltimore, Md, and A. N Bell, M.D, Brooklyn.

A special committee was appointed on sanitary legislation.

Prof. J. M. Maisch, of Philadelphia, Secretary Amer. Pharm. Association, read a paper on "American Pharmacy, and its Sanitary Relations."

Prof. S. D. Gross offered a series of resolutions in favour of the establishment of a National Sanitary Bureau, which, after discussion, were referred to the special committee on legislation.

Dr. Henry Hartshorne, of Philadelphia, introduced the following resolutions relative to the establishment of abattoirs in large cities:—

Resolved, That for a city, properly arranged and conducted abattoirs, subject to municipal regulations, are preferable to a number of private slaughter-houses located in different parts of a city.

That the best practicable management of large abattoirs, with cattle and hog yards, cannot be depended upon at all times to prevent their drainage from contaminating water and the atmosphere in their vicinity.

Therefore such establishments should be located as far as practicable from the centres of population, and, if possible, upon tide-water.

After presenting these resolutions, Dr. Hartshorne propounded several questions to Dr. Rauch, of Chicago, who, as health officer of that city, has made himself familiar with the subject. These, with his replies, are as follows:—

First. Can the disposal and utilization of refuse be made invariably perfect (as a matter of experience) as regards water and air?

A. No. Occasionally atmospheric conditions obtain, especially at night, when it is impossible to conduct, as far as my experience goes, the disposal and utilization of refuse without offence. This is sometimes observed near the establishment, and sometimes remote. Generally speaking, however, under favourable atmospheric conditions, these processes can be carried on without being offensive or injurious to health, provided the scientific appliances for rendering, drying, and the disposition of the gases arising therefrom are strictly and carefully maintained, under vigilant police supervision.

Second. How far may the odour of such an establishment, including cattle-yards, be detected with certainty?

A. The odour of establishments of this character can be detected at varying distances, dependent upon temperature, condition of atmosphere, and wind. Have recognized them in a marked degree at a distance of ten miles The odour of the cattle-yards, under like conditions of atmosphere, temperature, and wind, have been detected at a distance of one mile.

Third. From what is known, can the drainage of an abattoir be safely allowed to enter a fresh-water stream flowing through a town?

A. Not as a general rule. It depends upon the amount of the drainage into, the quantity of water in, and the rapidity of the current of the stream. Under all circumstances it is important that this drainage should enter streams below the limits of a town or city.

Fourth. What effect has been observed upon property values and settlement near an abattoir?

A. As a necessary consequence they will diminish the value of property for residences. People generally keep at respectful distances from such establishments.

After some further discussion, the resolutions were passed.

A special committee was appointed to inquire into the causes of the increasing unsanitary condition of the watering places.

Several papers which had been sent in to the Secretary were referred to the Executive Committee for publication.

Dr. Morris read a humorous paper on the general features of this annual meeting, after which the Association adjourned *sine die*.

THE

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XII.

PERFORATION OF THE STOMACH.

PERFORATION from within, formerly described as an independent disease, has received no recent trustworthy confirmation. The cases in which it has been described are now almost universally admitted to have resulted from ulcerative processes, or to have arisen from post-mortem softening. The modes of distinguishing these conditions have been already described (see Ulcer). Cases of perforation, due to foreign bodies in its interior, are, however, occasionally met with.[1] An interesting case of perforation of the stomach, caused by an abscess of the liver, which communicated simultaneously with the pericardium, is recorded by Dr. Graves.[2]

XIII.

RUPTURE OF THE STOMACH.

RUPTURE has only, with the exception of the rarest instances, been authentically established in cases of external injury. Ziemssen has, however, seen rupture follow distension through fermentative processes in a stomach which was the seat of stricture arising from the healing of a chronic ulcer.[3] The symptoms have been those of collapse, followed by peritonitis.[4] The occurrence is most likely to happen when the stomach is distended by food at the time of the injury. Whether a fatty degeneration of the muscular coat of the organ may occasion the spontaneous occurrence of this event must remain a subject for further inquiry.

[1] See a case by Drs. Quain and Bucknill, of perforation of the stomach by a mass of cocoa fibre, swallowed by a lunatic, Path. Soc Trans. vol. v. Another, of perforation of the duodenum in a lunatic who swallowed spoon-handles and nails, has been recorded by Mr. Poland, quoted by Mr. Pollock, Holmes' Sys. Surg. ii. 470.

[2] Clin. Med., ii. 236.

[3] Sammlung clinischer Vorträge (Volkmann), No. xv. p. 100.

[4] A case of this kind occurring after a fall is recorded by Mr. Moore, Lond. Med. Rev. July, 1860. A case is also given by Richerand, Physiol. i. 282, of a woman. in whom, after an external injury, a fistula subsequently formed, quoted by Dr. Pollock, Holmes' Surgery, ii.

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THE

DISEASES OF THE STOMACH.

BEING THE THIRD EDITION

OF THE

"DIAGNOSIS AND TREATMENT OF THE VARIETIES OF DYSPEPSIA."

REVISED AND ENLARGED.

BY

WILSON FOX, M.D., F.R.C.P., F.R.S.,
PHYSICIAN EXTRAORDINARY TO HER MAJESTY THE QUEEN;
FELLOW OF UNIVERSITY COLLEGE;
CORRESPONDING MEMBER OF THE PHYSIKALISCH-MEDICINISCH-GESELLSCHAFT OF WÜRZBURG;
HOLME PROFESSOR OF CLINICAL MEDICINE, UNIVERSITY COLLEGE, LONDON;
PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL.

WITH ILLUSTRATIONS.

PHILADELPHIA:
HENRY C. LEA.
1875.

TO

SIR WILLIAM JENNER, BART., K.C.B., M.D., D.C.L., F.R.S.,

PHYSICIAN IN ORDINARY TO HER MAJESTY THE QUEEN,
TO HIS ROYAL HIGHNESS THE PRINCE OF WALES, AND
PROFESSOR OF CLINICAL MEDICINE AT UNIVERSITY COLLEGE, LONDON.

My dear Sir William Jenner,

As you kindly permitted me to dedicate to you the First Edition of this work, in grateful recollection of how much I owed to your teaching, I am glad that it should still be honoured by being allowed to bear your name, in memory of your constant and heartfelt kindness, and in thankfulness for an example of the truest devotion to the advancement of medical science, and to the honour of your profession.

That you may long enjoy the honours and reputation so nobly won, and may continue to find in the relief of the suffering of others one of your own chief sources of pleasure, is the sincerest wish of

The Author.

COLLINS, PRINTER.

PREFACE.

Two editions of the work on which this is based having been exhausted, I am induced, through the kindness of the publishers of Reynolds' "System of Medicine," to present it to the profession in a more complete form, by the addition to it of the articles on Ulcer and Cancer of the Stomach, and also of some minor contributions written for that work.

My original desire in writing on Dyspepsia was to attempt to remove some of the difficulties then existing in the diagnosis of its causes, and to define more clearly the conditions of the Stomach from which the indigestion of food arises; and also to point out the appropriate remedies for each class of these affections.

A consideration of the origin and significance of the various symptoms by which derangements in the functions of the Stomach are revealed formed a necessary part of such an attempt, and this still constitutes the first portion of the present work.

I believe, however, that although Dyspepsia may be considered alone as a symptom, yet a knowledge of all the diseases of the Stomach is necessary to its proper comprehension; and in this sense I trust that the enlargement of the original work may prove more useful than the narrower point of view from which I originally treated the subject.

I have endeavoured to make this treatise as complete as possible, in relation to the numerous researches on this subject down to the present time. I trust, also, that the references to the observations of others may hereafter be of some utility to the students of these diseases, since they may at least save them some literary labour in verifying statements whose origin occasionally becomes obscured by the lapse of time, and may also serve to point to the direction in which further researches on this important subject may be most advantageously prosecuted.

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Influence of Alcohol upon the Animal Economy.—A committee of five members of the New York Neurological Society has been appointed to investigate in all its relations the influence of alcohol on the animal economy. To obtain further and more exact results, the subjects of research have been divided as follows: 1. To Dr. F. D. Lente, of Cold Spring, Putnam Co., New York: The effects of alcohol upon the system in general, and upon the several organs of the body (except those of the nervous system), and its value as a therapeutical agent; 2. Dr. William A. Hammond: The effects of alcohol upon the brain and mind; 3. Dr. T. M. B. Cross: The effects of alcohol upon the spinal cord; 4. Dr. T. Edwards Clark: The effects of alcohol upon the ganglionic nervous system; 5. Dr. F. Le Roy Satterlee: The effects of alcohol upon the peripheral nervous system.

Dr. Lente has issued a circular asking answers to the following questions:—

1. Can you refer me to any clinical reports illustrating, markedly, the good or evil effects of alcohol in the treatment of disease?

2. To any facts, well authenticated, illustrating any prophylactic virtue in stimulants, especially as regards the tubercular diseases?

3. To any clinical facts bearing on the question of the value of alcoholic drinks as a *food?*

4. To any clinical facts, not contained in the ordinary treatises, illustrating its effects on the viscera, especially the stomach and liver?

5. To any facts indicating a difference in the effects of alcohol as contained in distilled or fermented drinks respectively?

6. To any facts indicating a difference in the effects of alcohol *per se*, and alcohol as it exists in brandy, whiskey, etc.?

7. What effect has it, in your experience, among your wealthier patients, or *bons vivants;* such as drink good liquors *freely* and *regularly*, but not to intoxication, for a long term of years: does it lengthen or shorten their life, or render it less or more agreeable? Please give *this* question your especial consideration, as a thoughtful answer to this is considered of especial importance. Will you indicate, if possible, very roughly, of course, what you consider the average amount of *alcohol* contained in the daily dinner drinks of these gentlemen?

FOREIGN INTELLIGENCE.

Abortive Treatment of Smallpox.—Dr. Guipon, in a communication addressed to the Académie de Médecine, states, on the strength of trials in thirty-one cases of epidemic smallpox, that the perchloride of iron exerts a great influence over the disease, lessening its duration and intensity, rendering the development of the pustules less considerable, allaying or suppressing secondary fever, and promoting a rapid convalescence. The quantities given daily varied according to age—from a minimum of twelve drops to a maximum of forty drops; and the total quantities given during the duration of the disease varied between 58 and 556 drops.—*Med. Times and Gaz.*, Oct. 31, 1874.

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Traumatic Tetanus.—Dr. Lannelongue, of Bordeaux, has tried intra-venous injections of chloral in a case of traumatic tetanus. The case resulted fatally.—*L'Union Médicale*, Oct. 17, 1874.

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Fracture of the Patella.—The Paris correspondent of the *Irish Hospital Gazette* (October 15), in a recent communication, speaks highly of M. Panas's plan of treating fracture of the patella, which is simple, and, he thinks, rational, "as it does away with all apparatus, much to the comfort of the patient, and perhaps to the saving him the expense of one, if he is obliged to find his own. M. Panas's plan is simply to place the affected limb on an inclined plane, and to keep it steady by means of a few turns of a roller, without striving to bring the broken fragments together, a measure perfectly useless, as whatever is done the surgeon can rarely expect anything more than a fibrous union, which, after all, does not much interfere with locomotion. What M. Panas studies to avoid is stiffness of the knee-joint, which so frequently follows prolonged immobility of the limb.

In another ward of the same hospital, I have seen the surgeon employ Malgaigne's hooks in fracture of the patella: a most barbarous practice, as it causes a great amount of unnecessary suffering to the patient without offering any advantage over the other plans of treatment. M. Tillaux, however, has modified this plan by applying the hooks to the India-rubber bandages he employs to bring the broken fragments together, instead of driving them into the tissues of the patient, as I have seen done elsewhere; and I remember one case in which these hooks of torture produced inflammation of the knee-joint, followed by gangrene, and the surgeon thought proper to amputate the limb to save the man's life.

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Phlegmonous Osteo-periostitis.—At the recent meeting at Lille of the French Association for the Advancement of Science, M. Giraldès, the well-known surgeon to the Children's Hospital, made a very valuable communication on the question of phlegmonous osteitis, the right name of which he suggested should be phlegmonous osteo-periostitis. He referred to the error which was formerly committed in connection with the disease, it being frequently mistaken for typhoid fever, and the appearance of pus being considered to be critical abscess. The important feature of the disease was tendency to suppuration and to denudation of the bone. He gave a most excellent description of the lesions, with which he made such thorough acquaintance in the wards of his hospital, and explained the surgical proceeding which he prefers in such cases. He opens the subperiostic abscess, detaches with the finger the periosteum of the diseased portion of bone, and removes all this portion up to the interepiphysal cartilage. The periosteum reproduces the bone, and with such rapidity occasionally that even on the fourth day it becomes necessary to bring together the soft parts so as to avoid osseous deformities. This proceeding he had applied with success to the tibia, humerus, lower jaw, calcaneum, etc. It could not apply to the upper part of the femur. Surgeons, he concluded, were wrong to wait for invagination of the sequestrum before operating.—*Lancet*, Sept. 26, 1874.

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Congenital Absence of the Bladder without Incontinence of Urine.—Dr. Fleury communicated to the Surgical Society (Paris) a very curious case of this, in a young girl who was attacked a few months only before her death with incontinence of urine, and who died from peritonitis following simple urethral catheterization. At the autopsy there was found a complete absence of the bladder, which was evidently congenital. He asks how it was that the incontinence of urine was not also congenital; a question more easily asked than answered.—*L'Union Médicale*, Oct. 31, 1874.

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Chloral and Chloroform.—Prof. Schiff has recently been conducting a series of experiments in his laboratory at Florence, for the purpose of determining the anæsthetic properties of chloral. Amongst other particulars, the professor has stated in a decisive manner that anæsthesia with chloroform produces dilatation of the pupils, whilst constriction is a result of anæthesia with chloral. He therefore advances this fact against the opinion which ascribes the anæsthetic action of chloral to its transformation into chloroform.—*Lancet*, Oct. 10, 1874.

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Transfusion of Blood in the Insane.—In the *Gazetta Medica Italiana-Lombardia* for September 19, Dr. Schivardi gives an account of several cases of insanity attended with debility and exhausting diarrhœa, in which the transfusion of lamb's blood was tried. Eight transfusions were performed on five individuals, one of these becoming, it is stated, cured, and the others ameliorated.—*Med. Times and Gaz.*, Oct. 17, 1874.

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Mineral Oils as Disinfectants.—Dr. John Day strongly recommends a trial of the mineral oils as disinfectants. He believes that all the mineral oils possess the property of absorbing oxygen from the atmosphere, and imparting to it increased activity by converting it into peroxide of

hydrogen, a substance possessed of very high oxidizing powers. For example, a sheet of paper, brushed over with kerosene or gasoline, yields the characteristic reaction with guaiacum resin and blood. Now, it is generally allowed that all true disinfectants are oxidizers. From his knowledge, therefore, of the oxidizing powers of gasoline, and from the fact that it is much cleaner and more volatile than kerosene, Dr. Day recommends this hydrocarbon for disinfecting purposes. He states that he has lately been using it for the purpose of disinfecting the walls, flooring, furniture, etc., of rooms in which scarlet fever patients were placed, and with most satisfactory results; but he has also had the patients freely rubbed three times a day with ethereal solution of peroxide of hydrogen and lard in the proportion of one part to eight. A trial of gasoline is further earnestly urged on the profession as a disinfectant in puerperal fever. It might be applied with a brush or sponge to any article of clothing without doing it the slightest harm; and it would not only disinfect it, but also impart to it disinfecting properties which would last for a considerable time. For among the peculiar properties of the mineral oils as disinfectants is that of their being continuous in their action. Instead of being injured or destroyed by age and exposure to atmospheric influences, as all other disinfectants are, they absolutely improve and gather force. The practitioner might also disinfect his hands by bathing them in gasoline and allowing them to dry in the open air. One caution is necessary in the use of gasoline: from its volatile and inflammable nature it should never be employed near a fire or lights.—*Med. Times and Gaz.*, Oct. 24, from *Australian Med. Journ.*, June, 1870.

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The Surgery of the Stone Age.—At a recent prehistoric congress at Stockholm, Dr. Prunières laid before his colleagues the results of a series of minute researches on the artificial perforations of the cranium and the cranial amulets of the neolithic period. The communication was accompanied by a numerous collection of crania, showing regular perforations of a circular form, varying from the size of half-crown to five-shilling pieces. A large quantity of circular pieces of bone were also found at the side of the skulls. All these perforations were made with flints; some on the living subject, the others *post mortem*. The first kind showed a process of cicatrization, which generally indicated a duration of several years. In one case M Broca judged from the condition of the bony plate, which was attacked by osteitis, that the patient had succumbed less than a year after operation; but this was a unique instance. The perforations were situated on different points of the cranium, on the parietal and occipital bones, the forehead, etc., which seems to exclude the idea of a religious rite. They were performed on children as well as adults, and, according to Dr. Prunières, this trephining seems to have been performed with a medical purpose, to give issue to a real or imaginary disease. The surgeons who operated with flint instruments scraped the bone layer by layer, until they came to the dura mater. On the dead body many circular pieces of bones were removed from persons who had already been trephined and cured. These pieces, instead of being scraped, have generally been sawn; and it is found that a certain number of concave pieces have been removed from the edges of the original trephining. Finally, it has been observed that fragments of bone have been replaced on the crania from which the small circles have been removed, before interment; doubtless to allow the deceased to make his appearance in a complete state in the next world. MM. Prunières and Broca believe that they can see in this practice the most ancient material proof of belief in another world. M. Prunières is disposed to believe that trephining was only performed on the insane and on epileptics—*the friends of the gods*, according to old beliefs—and that the bony fragments removed were held sacred and used as amulets.—*London Med. Record*, Oct. 21, 1874.

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Bone Absorption by Giant-Cells.—The "line of demarcation" in a gangrenous

limb, and the "separation of a sequestrum" in a necrosed bone, have been subjects of investigation to surgical pathologists for many a year. John Hunter himself almost completed the account of the separation of a piece of dead bone when he described the gradual deepening of the groove between it and the healthy portion, the presence of soft vascular tissue in the line of separation, and the existence of small circular hollows upon the exfoliated surface of the sequestrum, which exactly fit the granulations on the living bone. Quite recently the exact histology of this vascular layer, and of these "small circular hollows," has been investigated; and if we have not even yet been informed how absorption of bone is actually effected, we have at least been made acquainted with various steps in the process. Kölliker has been one of the principal contributors to this investigation, and his researches have been worthily followed up by Dr. Alex. Morison, of Edinburgh, who studied under him (*Pamphlet*, 1873). Kölliker showed that absorption in the normal course of the development of bone produces small cavities, and that these are filled, without exception, with giant-cells, or myeloplaques—with one, a portion of one, or several. He believed that these giant-cells arise from osteoblasts (the cells from which bone-tissue is developed), and that they are the agents by which bone (and tooth) are normally absorbed. Morison's investigations go to support this description and opinion. He has seen intermediate forms between osteoblasts and giant-cells; but he is inclined to believe that the latter may also arise by the aggregation of the nuclei of embryonic connective tissue in the spaces in the edge of bone which is being absorbed. It is possible also that the giant-cells may grow by proliferation of the connective tissue in the wall of a capillary. Whatever their origin, the presence of these peculiar cells in the line of absorption of bone seems to be now fairly established, and the idea may be entertained that their function is a destructive one. When separation is complete, they would appear to be succeeded by constructive or formative cells, which arise from embryonic connective tissue around them.—*Med. Times and Gaz.*, Sept. 19, 1874.

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Hominal versus *Animal Vaccination.*—Through the instigation of Dr. Guilbert, a practitioner in Paris, the Prefect of Police addressed a letter to the Academy of Medicine, requesting information as to the advisability of the revaccination of those persons who, in 1870, were vaccinated direct from the cow. This was the year in which there was such a panic in Paris, owing to a severe epidemic of smallpox, that people lost confidence in "hominal" vaccination, and gave the preference to animal vaccination. At the end of the same year and the beginning of 1871, another epidemic of smallpox broke out, and proved fatal to about 14,000 inhabitants in Paris. This was attributed by M. Guilbert to the inefficiency of animal vaccination as an antidote against smallpox; and it was on this representation of the case that the Academy was called upon to report on the subject. A committee was formed to investigate the matter, and M. Blot, the reporter, stated that inoculation from the cow, when properly performed, is at least equally as efficacious as arm-to-arm vaccination. As regards the superiority of one over the other as a preservative against smallpox, the committee could not then express an opinion; time alone could decide. The reporter, however, remarked that in either case the preservative property was only temporary. This view of the case was supported by M. Depaul. M. Guérin stated that the preservative property of hominal vaccination lasted at least fifteen years, and he asked how it was possible to know whether the immunity produced by animal vaccination lasted as long, as it was only in 1868 and 1869 that this latter mode was introduced. MM. Blot and Depaul retorted that the immunity produced by human vaccination might last ten, five, or only two years. As to the great mortality from smallpox in the epidemic of 1870 and 1871, M. Depaul had shown that, out of the 14,000 deaths, children formed a minor proportion: it was individuals of eighteen to twenty-five

or thirty, all of whom had been vaccinated with hominal lymph, that formed the largest proportion. M. Depaul concluded by stating that the accusations brought by M. Guilbert against animal vaccination were unfounded, and reiterated his opinion that animal vaccination rendered as much service as hominal. Nothing, he added, proves that children vaccinated from the cow are more liable to contract smallpox than those inoculated from arm to arm. Here the discussion ended, with MM. Depaul and Guérin and their respective partisans as far as ever from each other. *London Med. Record*, Oct. 14, 1874.

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An Ancient Egyptian Medical Work.—Among the printed works submitted to the Oriental Congress was a remarkable *fac-simile* exhibited before the Hamitic Section by the discoverer, Prof. Ebers, of Leipzig. This is a complete book from beginning to end, and in respect to size is only surpassed by the great Harris Papyrus in the British Museum. The manuscript in question is a perfect handbook of Egyptian medical science; and, without pretending that the physicians of our time have much to learn from their embalmed predecessors of the Nile, this papyrus may yet afford them a rich source whence may be drawn the history of their science from its earliest dawn. A calendar on the back of the MS. informs us that it was written in the sixteenth century B. C. We know already that at this remote period Egypt stood in political and commercial relation with the neighbouring States of Western Asia; but the Ebers Papyrus teaches us further that there already existed an interchange of thought and knowledge. Not only a vast number of medicaments procured from Asia are alluded to, but we find also *receipts* borrowed from a celebrated physician of the town of Byblos, in Phœnicia. Other *receipts* are derived from older writings, as, for instance, *The Book of the Wisdom of Men.* The typographical reproduction is the work of the printers Giesecke and Devrient. By a new process, the 110 pages, of which the MS. consists, are imitated with surprising fidelity. In about two months the whole work will appear, accompanied by a translation from the hand of the editor, Professor Ebers.—*Med. Record*, October 7, 1874.

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Animals as Motor Powers.—M. Marey has laid before the French Association for the Advancement of Science some interesting observations on the employment of animals as motor powers. He proves by means of a very elaborate instrument that the movement of animated beings as motor powers takes place by jerks, whence result shocks, and consequently a waste of labour. As an illustration of this theory, M. Marey cites the effort necessary to draw a burden behind one. If the necessary force be transmitted by means of a rigid or almost unextensible strap, for instance, of leather, the movement is jerky and more difficult than if it were transmitted by an elastic strap. It would therefore be better to attach horses to the shafts with India-rubber traces. He also gives as an illustration the manner in which boats are always dragged along the towing paths by long ropes. It would be impossible, or at least very distressing, to employ short ones. The length of the rope, which alternately tightens or slackens by slow oscillations, has in this case the same effect as India-rubber.—*London Med. Record*, Oct. 21, 1874.

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Puerperal Mortality.—Dr. J. Matthews Duncan, in his address in Obstetric Medicine, delivered at the recent meeting of the British Medical Association, stated his belief that in Great Britain nearly 1 in every 100 women delivered at or near full time dies in parturition, or before the puerperal state and its effects have passed over.

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Scarlet Fever.—A serious outbreak of this disease exists at present in London, Liverpool, Edinburgh, and some other places in Great Britain.

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Obituary Record.—Died in London, Nov. 1, 1874, aged 60, Edwin Lankester, M.D., Coroner for Middlesex. Dr. L. was well known as a lecturer on various scientific subjects, and as an author of many works on botany and food. His death was caused, it is stated, by overwork and anxiety.

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